



# Employment Application

Position Applying for:	Desired Status:	Date:
How did you Learn about us? Advertisement <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-in <input type="checkbox"/> Other <input type="checkbox"/> _____		

## Personal Data

Name: (First, Middle, Last)			
Street Address:	City	State	Zip
Primary Phone Number:		Secondary Phone Number:	
Email address:			
Date you would be able to begin work:			

## Qualification Questions

If under 18 years of age, can you provide required proof of your eligibility to work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you at least 21 years of age?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you legally able to work in the United States? <small>Proof of eligibility for employment under U.S. Law will be required upon hire.</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you worked for Finger Lakes Ambulance before? <small>Is so, please specify date(s) of employment: _____</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you applied with Finger Lakes Ambulance before? <small>Is so, please specify date: _____</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
As a driver, have you been involved in any traffic accidents in the past 7 years? <small>If so, please explain: _____</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
As a driver, have you been convicted of any moving or traffic violations in the past 7 years? <small>If so, please explain: _____</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have ever been under investigation or has your healthcare provider licensure or certification ever been sanctioned, revoked, or restricted by a government or EMS system authority? <small>If so, please explain: _____</small>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently Employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
May we contact your current employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Education

	Name and Address of School	Major	Years Completed	Diploma/Degree Earned
High School				
Undergraduate College				
Graduate College				
Other (Specify)				

**Certificates**

Please list all EMT/Paramedic certifications and expiration dates (if applicable)

Certification	Expiration	Certification	Expiration
<input type="checkbox"/> NYS EMT Level: ____		<input type="checkbox"/> NYS Paramedic	

**Other Qualifications, Training, Skills, or Talents:**

**List Professional, Trade, Business, or Civic Activities and Offices held:**

**Employment/Work History**

Start with your present or most recent job. Include volunteer activities and job-related military assignments. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer:	Full Time / Part Time / Volunteer:	Dates of employment:
Address:	Job title:	Telephone
Job duties	Supervisor:	Reason for leaving:

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### Professional References

List 3 individuals who are not related to you and can attest to your professional character.

Name:	How Know:	How Long:
Address:		Telephone Number:
Name:	How Know:	How Long:
Address:		Telephone Number:
Name:	How Know:	How Long:
Address:		Telephone Number:

### Applicant Statement

I certify that the information on this application and in its supporting documents is accurate and complete.

I understand and agree that failure to complete the form, or misrepresentation or omission of facts, is grounds for elimination from consideration for employment; or termination from employment. I authorize Finger Lakes Ambulance EMS, Inc. to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make a full response to any inquiries in connection to this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for use of illegal substances upon conditional offer of employment. Note: EMS agencies in NYS are required by law (Executive Law, Section 837-s) to check applicants (who may be involved in the care or transportation of patients) personal identifying information against the Sex Offender Registry and make a determination of eligibility to become a member/employee pursuant to Correction Law Article 23-A.

I understand that this document is not an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that the staff employees of Finger Lakes Ambulance EMS, Inc. serve at will and the employment relationship may be terminated at any time by either party, for any reason (except for reasons prohibited by law). If employed, I will be required to furnish proof of eligibility to work in the United States, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I will be paid for hours worked only, and will be ineligible for benefits; including paid time off. If employed on a regular, benefits-eligible basis, I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand the first 180 days of employment represent an initial introductory period, during which I would not be eligible to apply for transfer or promotion.

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Applicant Signature

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Date



Return completed application to: [Employment@FingerLakesAmbulance.com](mailto:Employment@FingerLakesAmbulance.com)

Or mail to:

Finger Lakes Ambulance EMS, Inc.  
ATTN: Human Resources  
PO Box 616  
Clifton Springs, NY 14432

Available Benefits (Dependent on Status):

- Competitive Wages
- Vacation Accrual with Your 1<sup>st</sup> Paycheck
- Health Insurance
- Dental Insurance
- 401K with Employer Match
- 10 Paid Holidays
- Premium Pay for Hours Worked on a Holiday
- Employer Paid Life Insurance
- Health Saving Account (HSA)
- Uniforms Provided
- Sick Leave Accrual
- EAP Programs
- CME Recertification Program